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## **REVOCATION OF POWER OF** ATTORNEY WITH **NEW POWER OF ATTORNEY** AND **CHANGE OF CORRESPONDENCE ADDRESS**

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Application Number	10/550760
Filing Date	September 27, 2005
First Named Inventor	Anders Ljunggren
Art Unit	1614
Examiner Name	Not Yet Assigned
Attorney Docket Number	101026 - 1P US

I hereby	I hereby revoke ail previous powers of attorney given in the above-identified application.								
ПА	Power of A	Attorney is submitted here	with.					-	
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Ar	Applicant/Inventor.								
X Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
	SIGNATURE of Applicant or Assignee of Record								
Signature	Signature tous and								
Name		KEVIN BILL							
Date	Date 12 April 2006 Telephone								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
x	*Total of	forms are subm	nitted.		**********				

PTO/SB/96 (09-04)

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STATEMENT UNDER 37 CFR 3.73(b)						
Applicant/Patent Owner:	Anders Ljunggren et al.					
Application No:	10/550760	Filed: September 27, 2005				
USE OF ATIL / Entitled: SYNDROME	ANTAGONIST FOR THE TI	REATMENT OR PREVENTION OF METABOLIC				
AstraZene	eca AB .a	Corporation Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)				
	(	Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)				
states that it is:						
1. x the assignee of t	the entire right, title, and inte	erest; or				
	ercentage) of its ownership	· · · · · · · · · · · · · · · · · · ·				
In the patent application/pa	tent identified above by virti	ue of either:				
		ent application/patent identified above. The assignment				
	ie United States Patent and , <b>or for which a c</b> o	Trademark Office at Reel,				
OR	, or for wincin a co	by thereor is attached.				
B. A chain of title from assignee as shown		ent application/patent identified above, to the current				
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Additional documents in the chain of title are listed on a supplemental sheet.						
Copies of assignments or other documents in the chain of title are attached.  [NOTE: A separate copy ( <i>i.e.</i> , a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]						
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.						
- market	FATTUR BUS	- 12 April 2006				
Water and the same of the same	Signature	Date				
	KEVIN BILL					
Printe	ed or Typed Name	Telephone Number				
	d Signer for Assignee					
Title: Patent	Director, CV					



## **ASSIGNMENT**

Now, therefore, for good and valuable consideration, receipt and sufficiency of which is hereby acknowledged, I/we

Anders LJUNGGREN and Anders SVENSSON, both of AstraZeneca R&D Mölndal, SE-431 83 Mölndal, Sweden

hereafter referred to as ASSIGNOR (S).

Hereby sell(s), assign(s) and transfer(s) to ASSIGNEE AstraZeneca AB, a company created and existing under the laws of Sweden, having its Head Office at SE-151 85 Södertalje, Sweden, and the successors, assigns and legal representatives of the ASSIGNEE, the entire right, title and interest for the United States and its territorial possessions, and in all foreign countries, in and to the inventions and any and all improvements thereon which are the subject of an application entitled:

## USE OF ATII ANTAGONIST FOR THE TREATMENT OR PREVENTION OF METABOLIC SYNDROME

And which is disclosed in:

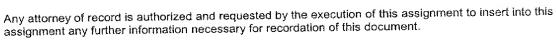
(a) 🗌	U.S. patent application executed on even date herewith;
(b) 🗌	U.S. patent application executed on;
(c) 🗌	U.S. application no filed on;
(d) 🔯	International application no. PCT/SE2004/000505 filed on 31 March 2004

And in and to the above application and any legal equivalent thereof in a foreign country, including the right to claim priority, and in and to any division, continuation or continuation-in-part, renewal or substitute thereof, and in and to all resulting Letters Patents or any reissue or reexamination thereof, to have and to hold the same to the full end of the term or terms for which any and all of said Letters Patent may be granted;

ASSGNOR(S) authorize(s) and request(s) the issuing authority to issue any and all patents on said application or applications to said ASSIGNEE or its successors and assigns;

ASSIGNOR(S) hereby covenant(s) that ASSIGNOR(S) has/have the full power to make this assignment, and that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this assignment; and

Without further payment or compensation by the ASSIGNEE or its successors and assigns, ASSIGNOR(S) further covenant(s) and agree(s) to communicate to said ASSIGNEE or its representatives, agents, its successors or assigns, any facts relating to said invention or inventions including evidence for purposes of interference or other administrative or legal proceedings whenever requested; to testify in any interference, legal or administrative proceedings, whenever requested; to execute and deliver, on request, all lawful papers required to make any of the foregoing provisions effective; and to do everything possible to aid said ASSIGNEE, its successors or assigns and nominees to secure, obtain and enforce proper patent protection for said invention or inventions in this or any foreign country.



IN WITNESS WHEREOF, I have hereunto set my hand	and seal on the date below written.
Anders LJUNGGREN Signature of Assignor	2005 - 08 - 2-3  Date of Assignor's Signature
WITNESSED BY:  K. Monup  Signature of Witness Name of Witness Karin Mörup  (Type or print clearly)	Signature of Witness Name of Witness (Type or print clearly) Christine Vaneth
IN WITNESS WHEREOF, I have hereunto set my hand  Andlers SVENSSON Signature of Assignor	and seal on the date below written.  23/1/2005  Date of Assignor's Signature
WITNESSED BY:  L. Momp  Signature of Witness Name of Witness Karin Mörup  (Type or print clearly)	Signature of Witness Name of Witness (Type or print clearly)
Additional signature pages attached:   Yes  No	3